

## DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

NORM PAWLEWSKI FOR STATE REPRESENTATIVE

IMPORTANT: Indicate type of committee you are reporting for: 1( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate  
( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee ( 7 )County/City Central Committee

## CANDIDATE COMMITTEES ONLY:

Candidate Name

NORMAN L. PAWLEWSKI

Political Party

REPUBLICAN

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

HOUSE 61

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE  
REPORT

## For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

JUL 16 2004

HD

515-243-4148

7-16-04

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JULY 19 2004

(report date)

REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate one 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

SEP 27 2004

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.) ~~318,944.16~~ \$

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ...

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3) .....\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

3013.96

2982.17

690.92

21.71

3698.88

1146.83

519.16

738.18

125.00

2407.21 2433.05

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-18-04	ID# CK#	JAMES OR CONSTANCE K. STEWART 9028 HAMMONTREE DR. URBANDALE IA. 50322-7424		\$ 50.00	<input type="checkbox"/>
5-20-04	ID# CK#	GERTRUDE S. DOUGHTEN 745 N. 5TH ST. CARLISLE IA. 50047		130.00	<input type="checkbox"/>
5-25-04	ID# CK#	ROBERT E. SORENSEN CATHRYN S. SORENSEN 2005 69TH ST DES MOINES IA. 50322		10.00	<input type="checkbox"/>
5-24-04	ID# CK#	MICHAEL L. OR AMY K. BLAESS 9816 VALDEZ DR. DES MOINES IA. 50321		50.00	<input type="checkbox"/>
5-25-04	ID# CK#	PHILIP V. OR SUSAN E. GUSTAFSON 5761 SW PINE AVE. DES MOINES IA. 50321		75.00	<input type="checkbox"/>
5-27-04	ID# CK#	MR. OR MRS. LOUIS ZENTI 2822 NW NORTH CREEK CIRCLE ANKENY IA. 50021		75.00	<input type="checkbox"/>
5-27-04	ID# CK#	MICHAEL D. ROBINSON LINDA J. ROBINSON 2342 153RD AVE. CARLISLE IA. 50047		200.00	<input type="checkbox"/>
6-4-04	ID# CK#	JOHN G. GANSKE M.D. 1301 PENN AVE. SUITE 312 DES MOINES IA. 50316		100.00	<input type="checkbox"/>
	ID# CK#	dividend		.92	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

690.92 SUB-TOTAL  
TOTAL (if last page of this schedule)

\$ 690.00  
\$ 690.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

SCHEDULE

**F**

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED☒ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 752.07PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
7-12-04	<del>NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA 50321</del>	<del>SAME</del>	<del>\$ 21.71</del>

TOTAL (PART I)

\$ ~~21.71~~PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
7-14-04	<del>NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA 50321</del>	<del>SAME</del>	<del>\$ 752.07</del>
7-14-04	NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA 50321	SAME	125.00 <del>21.71</del>

TOTAL CASH REPAYMENTS (PART II)

125.00  
\$ ~~752.07~~

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-21-04	ID# CK# 1013	MENARDS 6000 SE 14 <sup>TH</sup> ST. DES MOINES IA. 50320	10 - 5 1/2' STEEL POSTS FOR 3x4 FT. SIGNS	\$ 26.29
5-29-04	ID# CK# 1014	POSTMASTER DSM MAIN POST OFC.	1000 1ST CLASS STAMPS	370.00
6-4-04	ID# CK# 1015	CHRISTIAN PRINTERS INC 1411 21ST ST DSM IA. 50321	1000 "PRIMARY" LETTERS	101.76
7-8-04	ID# CK# LOAN CASH	THE UPS STORE 4225 FLEUR DR. DSM IA. 50321	30 COPIES AT .08	7.46
7-12-04	ID# CK# LOAN CASH	THE UPS STORE 4225 FLEUR DR. DSM IA. 50321	168 COPIES AT .08	14.25
7-14-04	ID# CK# 1014	NORMAN L. PAWLEWSKI 3707 SW 28 <sup>TH</sup> ST. DES MOINES IA. 50321	REPAYMENT OF LOAN TO CAMPAIGN	752.00
7-14-04	ID# CK# 1017	NORMAN L. PAWLEWSKI 3707 SW 28 <sup>TH</sup> ST. DES MOINES IA. 50321	REPAYMENT OF LOAN TO CAMPAIGN	21.71
7-14-04	ID# CK# 1016	Norman L. Pawlewski 3707 SW 28 <sup>th</sup> St. Des Moines, IA 50321	Reimb for postage and copies	627.07

SUB-TOTAL \$ 1293.53  
TOTAL (if last page of this schedule) \$ 1293.53  
1146.83

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

\* includes \$125.00 loan  
repayment see Sch F

Page 1 of 1

(for Schedule B)

**DISCLOSURE SUMMARY PAGE****COMMITTEE NAME** (Must be same as on Statement of Organization)**NORM PAWLEWSKI FOR STATE REPRESENTATIVE****IMPORTANT:** Indicate type of committee you are reporting for: ☒ 1( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

**NORMAN L. PAWLEWSKI**

Political Party

**REPUBLICAN**

Office Sought

**STATE REPRESENTATIVE**

District (if Senate or House)

**HOUSE 61****FORM****DR-2**

(Rev. 07/2003)

**DISCLOSURE  
REPORT****For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

JUL 16 2004

HD

7-16-04

**James C. Huber**  
SIGNATURE OF TREASURER (or person filing this report)**515-243-4148**  
TELEPHONE**7-16-04**  
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A **JULY 19 2004**

(report date)

REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.)\$ **2987.17****ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

**690.00**

Schedule F: Loans Received total (Attach Schedule F) .....

**21.71**

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

**(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL.....\$

**3698.88****SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...

**519.76**

Schedule F: Loan Repayments total (Attach Schedule F) .....

**778.78****CASH ON HAND** at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3) .....\$ **2407.21****\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

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5-18-04	ID# CK#	JAMES OR CONSTANCE K. STEWART 9028 HAMMONTREE DR. URBANDALE IA. 50322-7424		\$ 50.00	<input type="checkbox"/>
5-20-04	ID# CK#	GERTRUDE S. DOUGHTEN 745 N. 5TH ST. CARLISLE IA. 50047		130.00	<input type="checkbox"/>
5-25-04	ID# CK#	ROBERT E. SORENSEN CATHRYN S. SORENSEN 2005 69TH ST. DES MOINES IA. 50322		10.00	<input type="checkbox"/>
5-24-04	ID# CK#	MICHAEL L. OR AMY K. BLAESS 9816 VALDEZ DR. DES MOINES IA. 50321		50.00	<input type="checkbox"/>
5-25-04	ID# CK#	PHILIP V. OR SUSAN E. GUSTAFSON 5761 SW PINE AVE. DES MOINES IA. 50321		75.00	<input type="checkbox"/>
5-27-04	ID# CK#	MR. OR MRS. LOUIS ZENTI 2022 NW NORTH CREEK CIRCLE ANKENY IA. 50021		75.00	<input type="checkbox"/>
5-27-04	ID# CK#	MICHAEL D. ROBINSON LINDA J. ROBINSON 2362 153RD AVE. CARLISLE IA. 50047		200.00	<input type="checkbox"/>
6-4-04	ID# CK#	JOHN G. GANSKE M.D. 1301 PENN AVE. SUITE 312 DES MOINES IA. 50316		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 690.00

TOTAL (if last page of this schedule)

\$ 690.00

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Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
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7-14-04	ID# CK# 1016	NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA. 50321	REPAYMENT OF LOAN TO CAMPAIGN	752.00
7-14-04	ID# CK# 1017	NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA. 50321	REPAYMENT OF LOAN TO CAMPAIGN	21.71
	ID# CK#			
SUB-TOTAL				\$ 1293.54
TOTAL (if last page of this schedule)				\$ 1293.54

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

SCHEDULE

**F**

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 752.07PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
7-12-04	NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA 50321	SAME	\$ 21.71

TOTAL (PART I) \$ 21.71PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
7-14-04	NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA 50321	SAME	\$ 752.07
7-14-04	NORMAN L. PAWLEWSKI 3707 SW 28TH ST. DES MOINES IA 50321	SAME	21.71

TOTAL CASH REPAYMENTS (PART II) \$ 773.78From Schedule E -- TOTAL LOANS FORGIVEN \$ .TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.